



Healthcare Permit Application Form

Please read the terms and conditions overleaf Please complete in BLOCK CAPITALS

Your company's a	etaiis										
Name of Company & Department											
Vehicle registration nun	nber										
		_		_		10 011					
Full name of the pe	erson	apply	ing for	r and c	on beh	alf of th	ne co	mpany	<i>'</i>		
Title	Mr		Mrs		Ms	1	Miss		Dr	Mx	
	Other (please state):										
Forename(s)											
Surname											
Address and conta	act det	ails (e	email is	s our p	referre	d conta	ct me	thod)			
Home Address											
							Pos	stcode			
Phone Number											
E-mail Address											
If email is not possible, how should we contact you?				Pho	ne		Letter				
-											
Permits											
Do you want a 6 month or 12 month permit?				6 m	onth		12 month				
When would you like the permit/s to start? (month)				1 st of							
How many permits do you require?											

Note:

- All permits start on the 1st of the month
- Permits can be issued up to two months in advance
- The number of permits we allocate per application is dependent on the information which is supplied. We may not be able to issue the number of permits you have requested.
- Payment is taken when the permit application has been approved.

Please sign overleaf and then email the completed form to Worthing.permits@nsl.co.uk

Payment details: Payment is to be made by credit/debit card by calling 0345 680 0189 select the option for permits.

Terms and Conditions: If you are allocated a permit, you will find the full Terms and Conditions on the reverse side of the permit.

Statement of need: In addition to this application form you will need to provide a statement of need on letter headed paper. This should highlight:

- the frequency by which the holder/s makes visits within the Resident Parking Scheme (RPS)
- whether staff report to a main work premises on a daily basis
- the number of days per week each healthcare worker makes visits to locations within the RPS

Charges:

£14.00 for 6 months or £25.00 for 12 months

Refunds: If you surrender your permit before it expires, then you can apply for a refund of the unexpired portion, but please be aware this is only a part refund not a full one.

Refunds can only be issued for the remaining full months of the Permit providing the value exceeds £10.00. This will be payable by BACS Transfer to the original payment card

To request a refund, the permit must be returned to:

- Parking Services Team, Worthing Borough Council, Portland House, 44 Richmond Road, Worthing, BN11 1HA
- with your name, address, bank account name, account number and sort code and a contact email address and telephone number.

Fraud: The council has a duty to protect the public funds it administers. To prevent and assist in the detection of fraud, the information you provide on any forms may be shared with other public bodies responsible for auditing or administering public funds. This includes checks on credit reference agencies and taking part in the National Audit Office's Fraud Initiative. For further information, see the National Fraud Initiative page on the West Sussex County Council website.

Any person making a false statement for the purpose of obtaining a residents' parking permit shall be guilty of an offence (Section 115 (2) Road Traffic Regulation Act 1984).

Applicant Declaration:

- I declare that all the information given in this application is correct.
- I understand that if any information is false, I am aware that the permit/s will be cancelled and further action taken by the Council.
- I understand that if I move out of the zone or if I no longer have an operational need for the permit, I must inform the council office straight away.
- I am aware that having this permit/s does not guarantee me a place to park.

It may not always be possible to issue a permit immediately. Applications can take up to 10 working days to process.

Signature of	Signature of applicant for and on behalf of the company:					
Signed						
Print name		Date				

Data Protection Statement: Worthing Borough Council uses the data you provide to process parking permits and Penalty Charge Notices which are issued in respect of on and off-street parking. All processes are carried out using secure systems. The data is required to carry out the efficient provision of parking services within the administrative District. The information you provide will only be used for the parking related purposes for which it was obtained. This may include sharing it with partner agencies and other local authorities within West Sussex involved directly in parking management, specifically the Police, the Traffic Penalty Tribunal, the Traffic Enforcement Centre and agents providing services to Worthing Borough Council in carrying out this role. Details of West Sussex County Council's and Worthing Borough Council's compliance with the General Data Protection Regulations can be found at www.adur-worthing.gov.uk and at www.westsussex.gov.uk.

For Council/Permit Staff Use Only									
Date application re	eceived:								
Fee paid	£		Credit card	Cash	Chequ	e PO			
Health Care Permit number issued:									
Date issued		Start date	е		Expiry date				